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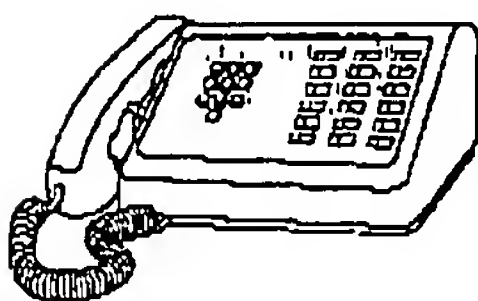
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FACSIMILE COVER LETTER

Our Ref.:	EIC100001000	Your Ref.:	S/N 10/605,468
Please Deliver To:	Ex. T.L. Maust U.S.P.T.O.	Fax No. Called:	571-273-8300
From:	Peter W. Peterson	Art Unit:	3751
Date:	August 31, 2006		

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PTO/SB/21 (09-04)

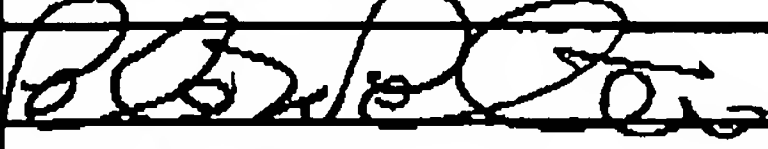
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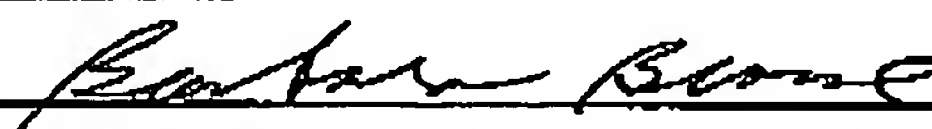
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/605,468	
	Filing Date	October 1, 2003	
	First Named Inventor	Anthony R. Lemme	
	Art Unit	3751	
	Examiner Name	T.L. Maust	
Total Number of Pages in This Submission	2	Attorney Docket Number	EIC100001000

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	DeLio & Peterson, LLC		
Signature			
Printed name	Peter W. Peterson		
Date	August 31, 2006	Reg. No.	31,867

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Signature	
Typed or printed name	Barbara Browne
Date	August 31, 2006

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PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

INVENTOR:	Anthony R. Lemme)	EXAMINER:	3751
)		
SERIAL NO.:	10/605,468)	ART UNIT:	T.L. Maust
)		
FILING DATE:	October 01, 2003)	DATE:	August 31, 2006
)		
FOR:	Motorized)		
	Vacuum/Pressure)		
	Pump and Stopper)		

RESPONSE TO RESTRICTION REQUIREMENT

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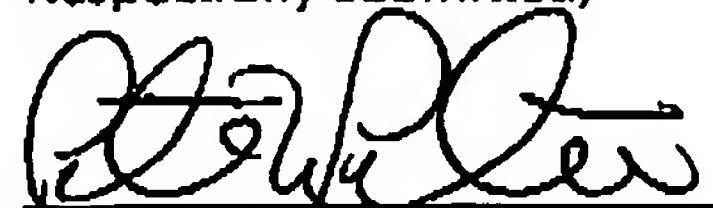
Name: Barbara Browne Date: August 31, 2006

Signature: 

Dear Sir:

Responsive to the restriction requirement in the Office Action mailed August 8, 2006, applicant elects Claim Group I, claims 1-3, 5-15, 18-20 and 28-32, with traverse. Applicant believes that claims 22-25 should be included with Claim Group I, since they are dependent on claim 18 and were an elected species. Pursuant to the Examiner's comments in the Office Action, Claim Group IV, claim 52, will also be examined since it is a linking claim.

Respectfully submitted,



Peter W. Peterson
Reg. No. 31,867

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